

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09742171

FILING DATE

02-28-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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48	/			/		
49	/			/		
50	/			/		
TOTAL IND.	25					
TOTAL DEP.	25					
TOTAL CLAIMS	27		4	20		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/			/		
52	/			/		
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TOTAL IND.	3			4		
TOTAL DEP.	45			45		
TOTAL	10			48		